



# AMHERST *Massachusetts*

AMHERST HEALTH DEPARTMENT, 70 BOLTWOOD WALK, AMHERST, MA 01002  
(413) 259-3077 (413) 259-2404 - FAX Environmental Health Division (413) 259-3078

## APPLICATION FOR A WATER SUPPLY CERTIFICATE

I hereby petition the Board of Health of the Town of Amherst for a Water Supply Certificate for a potable well.

Located at: \_\_\_\_\_

Assessor's Parcel No: \_\_\_\_\_

Constructed Under Well Construction Permit No: \_\_\_\_\_

By Well Driller: \_\_\_\_\_

Registration No: \_\_\_\_\_

Owner of Well: \_\_\_\_\_

Mail Address: \_\_\_\_\_ Telephone: \_\_\_\_\_

**VOLUME OF WATER FOR HOUSEHOLD DAILY NEEDS:** \_\_\_\_\_

The volume of water necessary to support the household's daily needs shall be determined by the following equation: Number of bedrooms x 200 gallons per bedroom

Number of gallons needed daily

Plumber performing connection: \_\_\_\_\_

Plumber Permit Number: \_\_\_\_\_

Electrical Connections by: \_\_\_\_\_

(Electrical connections must be made by a pump installer or Registered Well Driller.)

**REPORT FILED BY:** \_\_\_\_\_

(Please Print Clearly)

**SIGNATURE:** \_\_\_\_\_ **DATE:** \_\_\_\_\_

**THE FOLLOWING MUST BE SUPPLIED TO THE BOARD OF HEALTH IN ORDER TO OBTAIN A WATER SUPPLY CERTIFICATE:**

1. Well Construction Permit
2. Application for a Water Supply Certificate
3. A copy of the Well Completion Report
4. A copy of the Pumping Test Report
5. A copy of the Water Quality Report
6. An As-Built of the well location referenced to at least two permanent landmarks.